Dementia Concern

Dementia Concern

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Dementia Concern is a community based adult service that provides support services to people living with dementia in the local 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 with dementia who live at home with a family carer, as this was the part of the Dementia Care service that provided personal care to people in their own homes. The main role of the Call and Care worker was to undertake activities with people during their call, as people using the service received most of their personal care from either family carers or 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 and risk management plans were not always robust or in place. Some were generic and therefore did not always address risks in a person-centred way. This meant the provider did not always assess, monitor and mitigate risks to people to help minimise their exposure to the risk of harm.

Medicines were not always managed safely. Care workers administered as required (PRN) medicines but there were no individual or general PRN protocols in the medicines policy and there was a lack of guidelines around medicines administration.

When a relative raised a concern, we saw action had been taken but the provider could not access the investigation outcome document to demonstrate their learning outcomes. This was also the case with complaints.

Care workers supervision had not been regularly undertaken in 2019 and appraisals had not been completed in 2019 to help care workers develop the necessary skills to support people using the service. Training was over a year old and there were no competency tests or spot checks for care workers to ensure they were providing safe and effective care to people.

People were not supported to have maximum choice and control of their lives and staff /did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People and their relatives had signed consent forms about their information being shared but there was not a record of people consenting to their care. Where mental capacity

assessments had been completed, they were not decision specific.

The service user profiles had not always been updated to reflect peoples' current needs and reviews were not consistently carried out, which meant people may not have been receiving care that met their needs.

People's wishes, views and thoughts about end of life care had not been considered as part of the care planning process.

The provider had some quality assurance systems in place, but they had not effectively monitored and managed service delivery to improve the care and support provided to people. For example, although we saw evidence of people's care files being audited, not all the information in the service user profiles was up to date which meant people may have been receiving care that was not appropriate to their needs.

The provider did not display their CQC ratings on their website as required by the regulations.

We recommended the provider consider current guidance on preventing and controlling infection and take action to update their practice accordingly. We also recommended the provider develop person centred records in line with recognised guidance.

Safe recruitment practices were followed. Care workers knew how to respond to possible safeguarding concerns. They were kind and respectful of people's preferences and provided support in a respectful manner. Care workers respected people's dignity and provided day to day choices for people.

People were supported to maintain health and access healthcare services. Where appropriate, people were supported to access the community to reduce the risk of social isolation.

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

Rating at last inspection
The last rating for this service was good (published 25 August 2017).

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We have identified breaches in relation to people consenting to their care, safe care, staffing and good governance at this inspection.

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

Additionally, the provider did not meet the requirement to display performance assessments on their website and we are considering our regulatory approach regarding this breach.

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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement

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.

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 11 February 2020 and ended on 3 March 2020. We visited the office location on 11 February 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority that works with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager, nominated individual and one care worker. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included six people's care records. We looked at four 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 looked at training data. We spoke with eight relatives, five care staff and two health care professionals.

Requires Improvement

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

Assessing risk, safety monitoring and management
• The provider did not have effective systems and processes in place to help keep people safe, including person-centred risk management plans to reduce the risk of avoidable harm to people.
• An initial assessment entitled 'Dementia Concern Risk Assessment' was completed by the Dementia Concern assessors who were not part of the Care and Call service. These documents were uploaded onto the system so all services within Dementia Concern, including the Care and Call service, could access them. The option for recording the risk rating had not been filled out in some of records we viewed and we did not see any risk management plans as part of the assessment.
• Under 'abilities and support' for one person it was recorded the person wanted to leave their home unaccompanied to go to A&E, the GP and the corner shop. There was no risk management plan to mitigate this risk.
• The Care and Call's 'Service User Profile / Care plan' document had an area to record risk and rate the level of risk. However, risk management plans were not robust. For example, one person's mobility care plan noted the person was unsteady on their feet, could stumble but avoided falls and used a walking stick when they went out. The risk was rated as 'High' and the care management plan stated, 'Care attendant must assess mobility before agreeing to accompany out.' However, this did not provide guidance as to what the care worker was looking for as part of their assessment or what measures to take to mitigate the risk when going out for a walk.
• Another person had recorded under 'Possible risk to staff', 'Sometimes difficult behaviour when told what to do.' However, there was no indication of what the behaviour was, how to try to prevent it or how to manage it if it happened. Under 'continence' in the service user profile, a continence aid was used and the risk was rated 'Mid/High'. The risk management plan provided the term the person used for the continence aid and stated 'Report any changes'.

We found no evidence that people had been harmed however, risk assessments were not detailed, or person centred and risk management plans did not provide the required level of detail to give care workers guidance about how to mitigate the risk effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Medicines were not managed safely. The provider had a medicines policy and procedure in place, but the policy had not been updated since 2011.
• All the people using the service lived with relatives. Regular medicines were administered by relatives or by

care staff from other agencies. The registered manager told us as the Call and Care workers did not administer medicines to people on a regular basis they did not have medicines administration records (MARs). At times they did administer as required (PRN) medicines to people, for example, paracetamol. However, there were no individual PRN protocols or general PRN protocols in the medicines policy and there was a lack of guidelines around medicines administration. This was in contrast to the provider's medicines policy which stated, 'Care staff must not offer any assistance with medication unless the care plan and risk assessments are in place and consent forms have been signed.'
• In the service user profile for one person, under 'Medication' their medicines were listed and the risk was recorded as all of Low/Mid/High and therefore it was not clear what the risk rating was. The risk management plan for medicines was 'Report any changes'. However, under 'Mobility' it recorded [Person] 'tends to go to the corner shop to buy paracetamol. One of the shops is aware and only gives them a small amount but if they go to another shop there is less control. Care assistant can give them two paracetamol which [relative] will leave on top of the fridge but only if [person] asks.' There was no risk management plan to mitigate the risk of the person buying and administering their own medicine, or robust guidelines about when the care workers should administer the PRN paracetamol or how to record this.
• The provider required medicines training to be undertaken every two years and most care workers last completed this training in December 2018. The registered manager confirmed annual medicines competency testing was not undertaken. This meant we could not be sure care workers had the up to date skills required to administer medicines safely.

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

• When care workers were required to carry and administer medicines in the community, they completed an authorisation form signed by the relative which recorded the medicines and that care workers would administer it.

Preventing and controlling infection
• The provider did not have policies and procedures for preventing and controlling infection. However, the registered manager said care workers had training around infection control and had access to personal protective equipment (PPE). A care worker said, "We don't do personal care, but we have aprons and gloves. We use gels for hands."

We recommend the provider consider current guidance on preventing and controlling infection and take action to update their practice accordingly.

Learning lessons when things go wrong
• At the time of the inspection, there had not been any safeguarding concerns, incidents or accidents that had required the provider to make changes to service delivery.
• However, a relative had raised concerns with the local authority about how a care worker was interacting with their relative. The local authority did not raise a safeguarding concern and referred it back to the provider to follow their performance procedures. We saw appropriate action had been taken and a response sent to the relative raising the concern, however there was no investigation outcome for internal use and learning. The registered manager said there had been an investigation outcome, but they were unable to locate this for us. They told us the learning had been care workers monitoring needed to be put in place, which was something they were currently in the process of implementing.

Systems and processes to safeguard people from the risk of abuse

• The provider had systems and processes to safeguard people from the risk of abuse. Relatives told us they felt people were safely cared for. One relative commented, "I feel safe leaving [person] with the carer."

• Care workers knew how to respond to safeguarding concerns.

• If there was a safeguarding concern, the Call and Care service raised it with the Dementia Concern link workers who raised it with the local authority. The registered manager understood they were required to inform CQC by sending statutory notifications. However, there had not been any safeguarding concerns since the last inspection.

Staffing and recruitment

• The provider had appropriate systems for the recruitment of staff. It was a stable staff team and new staff had last been recruited in 2016.

• The Care and Call service had nine care workers who only saw one person per day which meant there was enough care workers to provide cover for absent colleagues.

• Relatives told us they had regular care workers who arrived on time, stayed for the required amount of time and called if they were running late. Several relatives also commented about the care workers' flexibility. Comments included, "There are flexible if required outside of the regular timeslot" and "They are very good at having additional days with the same carer if needed. Very good at providing the continuity of care."

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
• There were processes in place to support care workers to provide effective care through induction, training, supervision and appraisals. However, these were not always followed, and we saw care workers supervision had not been regularly undertaken in 2019 and no care workers appraisals had been completed in the last year.
• Training the provider considered mandatory included manual handling, medicines, first aid, effective communication, Mental Capacity Act (MCA), promoting dignity in care, safeguarding adults, food hygiene, dementia introduction and fire safety. All of the training was over a year old. The provider said they were not currently supporting anyone requiring support through manual handling and moving, but we saw the training matrix indicated this training should have completed yearly and it was last completed in August 2018. Medicines training was due every two years and was last completed in December 2018. There had been no medicines competency testing in the intervening year. Most care workers had last undertaken safeguarding training in January 2019 which meant they had not had safeguarding training in the last year to help ensure they had the skills and ability to recognise when people were at risk of being unsafe.
• The registered manager said they did not carry out spot checks to ensure they were providing effective care to people, as they felt this may have been intrusive for the person experiencing dementia.

This meant we could not be sure care workers were trained and supported effectively to carry out their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Relatives said they felt care workers had appropriate skills to support people. One relative told us, "[Care worker] knows about [person's] illness and needs. For example, when [person] had a urinary tract infection [the care worker] was aware something was not quite right."
• Care workers said they felt supported by the registered manager and could approach them when they needed support. One care worker told us, "[The registered manager] is very approachable. [Another manager] is also very helpful. Both are understanding. They always give us an update."
• Many of the care workers had worked with Dementia Care for a number of years and their experience with the service helped to provide consistency of care.
• The provider held team meetings for staff which gave care workers an opportunity to reflect on their practice and raise any issues.

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.

• The principles of the MCA were not always being followed.
• People and their relatives had signed consent forms about their information being shared but there was not a record of people consenting to the care they received.
• We saw for one person a stage two mental capacity test had been carried out which was not decision specific as it did not identify what decision the person was being asked to make.
• Where the provider had assessed people did not have the capacity to make decisions, they did not record any decisions made on behalf of people had been made in their best interest.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Care workers had undertaken MCA training. They demonstrated an understanding of the principles of the MCA and how they could support people with making decisions about their care.
• Care workers told us when they provided care, they asked what people wanted so care was provided to meet the person's needs on the day. A care worker told us, "We always ask them even though they might be in the late stages of dementia. It depends on their mood. I have a long term service user so I know what they like" and a relative said, "[Care workers] are very good at consulting [person]. What would you like, where would you like to go? They do give choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• All people using the Call and Care service were living with dementia and lived with their relatives. Dementia Concern was set up to meet all aspects of people's needs in relation to their dementia. The provider through the Dementia Concern referral service undertook an initial assessment of people's needs who then allocated them support from within Dementia Concern. This included practical support from the Call and Care service. Referrals were taken from the local authority, mental health teams and GPs.
• The initial assessments formed the basis for the Call and Care service's 'Service user profile / Care Plan'. Assessed care needs from the initial assessment included details around people's dementia needs, medical history, physical ability, possible risks, weekly activities, other care agencies involved and a past and present social history, so care workers had relevant information about the person and could provide care accordingly.
• The provider was moving from a paper system to an electronic system. For those who had the 'Personal details' section completed on the electronic system we saw protected characteristics under the Equalities Act 2010 such as sexual orientation, ethnicity and religion had a place to be recorded but these sections were not always fully completed.

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

• People's care plans identified if they required support from care workers around eating and drinking. The service did not prepare any meals but could encourage people to eat. In the service user profiles we viewed, all people could eat independently.
• We saw some information around nutritional needs, for example if people were diabetic they should have reduced sugar in their diet, but there was no information around people's food likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Information from other professionals such as care agencies and GPs who were involved in the person's care were included as part of the service user profile.
• People using Dementia Concern had a link worker with specific knowledge around support for people experiencing dementia that included accessing benefits and mental and physical health support.
• Relatives told us, "[Dementia Concern] have been so supportive. There were times when I have had to turn to them to deal with social services, benefits, and doctors."

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• Relatives of people using the service spoke positively about the care they received and said people were well treated and supported by care workers. Relatives told us, "Feedback from [person] is that everyone is really lovely and open. They feel completely comfortable with [care workers]", "[Care worker] treats [person] like how I would treat [person]. It's more than just a job" and "I am so happy for them. [Person] has not changed much in the last few years and I think it is because of the attention [care workers] give them. I find [care workers] very kind."
• Care workers we spoke with said they respected people's cultural needs. One care worker said, "We have some [religious] clients. They have mats they pray on, so we don't stand on them". Another care worker said, "[For a certain culture's home] I have to take my shoes off and bring slippers with me." A relative told us, "They have been really good in matching with [person]. [Person] is very interested in cricket and music and their carer knows about that."
• Service user profiles included information on people's interests, family history and social background.
• Nevertheless, we identified the service was not always acting in a caring manner as there were a number of identified issues in the way the service was provided. People were not protected adequately from risks that could arise as part of receiving a service. Additionally, there was the risk of poor care as the care plans and risk assessments did not provide up to date guidance for care workers regarding people's individual care needs.

Supporting people to express their views and be involved in making decisions about their care
• Relatives told us they had been involved in planning people's care and care workers asked people about day to day choices. A relative said, "They do ask what [person] would like to do. Some days they are more able and [care workers] are quite flexible. [Person] orders what they want to eat at the café."
• Care workers told us they asked people how they wanted to be supported. Their comments included, "I take activities with me and ask them when I get there [what they would like to do]". One care worker said even if the family member said the person could not have a certain meal, when they go out, the care worker always asks the person what they want "because [person] can make their own decisions".
• Relatives we spoke with told us the provider did carry out service user profile reviews. However, we could see that in the last year these had not been undertaken regularly.
• Service user profiles included information about people's preferences and choices particularly around activities as this was one of the main roles of the care workers.

Respecting and promoting people's privacy, dignity and independence

• Relatives told us care workers promoted people's dignity and independence. Comments included, "They are trained to deal with accidents, so people maintain their dignity." Another relative said the care worker did physio exercises with the person which promoted their independence. Care workers said they encouraged independence, supervised and prompted with activities.
• Service user profiles recorded what people could do for themselves so care workers could promote continued independence.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

• Until recently, the role of the Call and Care worker had been to provide several hours of free respite. Service user profiles provided information on people's skills and abilities, where they required help and where they were more independent. As care workers did not provide personal care as a matter of routine, give medicines, or prepare meals, these areas provided general information.

• However, the Call and Care service recently underwent restructuring. People are now paying for a service and longer calls, including overnight calls, are being provided. The service user profiles have not been updated to reflect this change of service which requires a greater level of detail.

• Care workers completed a monthly monitoring log which was effectively a daily log. For one person, we could see the care worker had provided a waking night service and had written they had assisted the person with toileting, a strip wash, moving them in bed and assisted with medicines. However, the service user profile had not been updated as it stated under 'continence' the person was independent, under 'medication', 'no need for Call and Care to do this' and under 'self-care skills' all that was recorded about personal care was '[Relative] helps with washing'. This meant care workers did not have guidance or instructions about how to meet this person's specific needs. There was therefore a risk that people might receive inappropriate and unsafe care and support.

• Reviews were meant to be carried out six monthly and relatives and care workers confirmed this had happened in the past, however there had been a lack of reviews in the last year. The registered manager was aware of this and planned to initiate them again on a regular basis.

• The service user profiles we viewed did not always identify people's preferences or provide clear guidance to care workers for the delivery of care in a person-centred manner. However, the impact on people was minimal as all people lived with their families, the Call and Care service did not provide daily calls and people who required personal care routinely were supported by relatives or another care agency. The staff team was stable and staff we spoke with knew their service user's needs well. This was confirmed by relatives who also confirmed there was good communication between the staff and relatives.

We recommend the provider develop person centred records in line with recognised guidance.

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.

• Service user profiles included a section about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
• It noted people's first language and if they communicated verbally. The registered manager told us, when possible they tried to match people with care workers who spoke the same language.
• Also included was relevant information affecting the person's communication such as short-term memory.
• The registered manager told us they were planning to translate documents into different languages.

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
• All the people using the service lived at home with their relatives and care workers provided respite in the person's home.
• The service user profile section about people's likes and dislikes provided enough detail for the care worker to know what the person might like to talk about or what activities they were interested in, as activities were a significant part of the care worker's role. This included information about accessing the community if appropriate.
• Activities were person centred. Relatives told us, "[Care worker] locks into what [person's] mood is. They eat together, watch TV, knit and colour. They do whatever makes [person] happy" and "[Person] has a certain carer. They talk with them, read to them, show them a photo album with family and friends."

Improving care quality in response to complaints or concerns
• The complaints policy was dated December 2014 and there was a format for investigating complaints which included leaning outcomes to mitigate risk. The provider had three complaints in April 2019, however the paperwork for the complaints could not be accessed on the IT system, so we were unable to confirm how complaints were followed up.
• Relatives confirmed they knew how to raise a complaint and said they would raise it with the Dementia Concern manager.

End of life care and support
• No one was being supported with end of life care at the time of the inspection and no training had been undertaken in this area. No end of life wishes were recorded. The registered manager noted end of life wishes would be managed by the relatives the person was living with and palliative care by another agency or the family.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

• The provider had some quality assurance systems in place, which included periodic reviews of people's files and a monthly monitoring form for the local authority. However, there was a lack of robust quality assurance systems for monitoring how effective the service was, and the systems the provider had were not being operated effectively as we found a number of shortfalls during our inspection that the provider had not identified.

• During the inspection we saw people's and care workers files did not always contain correct and up to date information. Risk assessments were not always carried out and risk management plans did not always have enough detail to mitigate potential risks. Medicines lacked PRN protocols and were not managed safely. Consent to care was not recorded appropriately. Service user profiles were not always up to date and therefore did not provide adequate guidelines for care workers to care for people in a safe manner. Care workers training and competency testing was not up to date. The provider did not undertake quality assurance visits to monitor service delivery and make improvements to the care being provided. Policies and procedures were not always up to date. For example, we saw the safeguarding policy and procedure was dated June 2011 and did not included up to date information from guidance and legislation published in the last nine years.

We found no evidence that people had been harmed. However, improvements to auditing and monitoring systems so they operated effectively to ensure compliance with the requirements was needed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider was working on improving data management systems and moving records to an electronic system. They held a strategic planning meeting with care workers in April 2019 to keep them informed of the changes.

• The Nominated Individual told us they had attended Skills For Care and registered manager network forums to discuss current themes in social care and share and learn best practice.

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

• Where a provider has received a rating of its performance by the Commission following an inspection, it is required to display the rating. The provider did not display their ratings on their website.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are considering our regulatory approach regarding this breach.

• The registered manager and staff team understood their roles and had a management structure. The registered manager had retired in 2018 but had come back to the service in May 2019 to provide interim support until the provider was able to employ a new registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Relatives spoke positively about the service and the care provided. Comments included, "It's fantastic. They have been a great help for seven years", "I value Dementia Concern calls very much. Not just the dementia care but with the forms for example benefits, as well" and "It takes a weight off my mind."
• Due to restructuring and funding changes there had been a change in management and in care workers' contracts. Care workers were still adjusting to this but on the whole found working for Dementia Concern a positive experience and the current registered manager approachable. One care worker said, "It's good management. Everyone works together. They are very helpful with any problems."
• Service user profiles described people's likes and interests, so care workers had guidelines for delivering personalised care when they did activities with people. Relatives confirmed care workers had a good understanding of people's needs and how to respond to them.

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 but some of these required updating.
• Relatives knew who the registered manager was and felt there was good communication with the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Relatives told us they had good communication with the provider. Dementia Concern held a fortnightly meeting at one of their day services to provide information to people and their family carers. People and their relatives from the Call and Care service attended these meetings. Dementia Concern also sent out a quarterly newsletter to keep people informed about their services.
• The provider had not carried out any satisfaction surveys since the last inspection, but a health care professional told us they had undertaken a friends and family survey regarding Dementia Concern and the feedback was positive.
• Team meetings were held to share information and give care workers the opportunity to raise any issues.

Working in partnership with others
• Dementia Concern worked in partnership with various other health and social care professionals and were very much involved in the community. In addition to the call and care service, the provider ran clubs and dementia cafes.
• Referrals to the service came from mental health teams, social services and GPs and there were Dementia Concern Link workers and advisors who liaised with these services. Any concerns the Call and Care workers had, or if extra support was required for the person, were referred back to the link workers and advisors to liaise with external professionals for the benefit of people and their relatives who used the service.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not always seek consent for care and treatment from the relevant person. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users. The provider did not always ensure the proper and safe management of medicines. Regulation 12 (2) (a)(b)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)(2) (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure appropriate support, training, professional development, supervision and appraisal as is necessary to enable staff to carry out the duties they are employed to perform.

Regulation 18(2)(a)