

## Essex Dementia Care

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### Inspection report

The Pines, Lynderswood Farm  
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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

Essex Dementia Care is a domiciliary care service providing personal care and support for people who are living with dementia in their own homes. At the time of our inspection they were providing personal care to three people and a range of other non-regulated services to approximately 35 people.

This inspection took place on 14 September 2016, and it was announced.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us they felt the service was safe. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm.

There were sufficient members of staff employed by the service and the provider had robust recruitment procedures in place.

The service did not routinely provide support to people to administer medicines however there were effective systems in place to administer medicines to people safely should it be required.

People were supported by consistent staff who were knowledgeable and skilled. Staff were trained and competent in their roles and were supported by way of supervisions and performance feedback.

People received person centred care. People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which was reflective of their needs and included personalised risk assessments that gave guidance to staff on how individual risks to people could be minimised.

Consent was sought from people prior to receiving care and staff involved people in decisions regarding their support.

Positive relationships had developed between people and members of staff. Staff were caring, helpful and understanding. They provided care in a friendly, professional manner and maintained people's privacy and dignity.

There was a positive, open culture at the service. People, relatives and staff found the registered manager approachable. Staff felt motivated in their roles and spoke positively of the team work in place at the service. People and their relatives knew who to raise concerns to and the provider had an effective process for handling complaints and concerns.

Feedback on the service provided was encouraged and plans had been developed with a view to continuously improve the service. There were effective quality assurance processes in place.

## 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.

Relatives told us that they felt the service was safe and that they had confidence in the abilities of staff.

There were systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

Personalised risk assessments had been completed.

There were robust recruitment processes in place.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to provide the care and support required by people.

Staff had an awareness of the health needs of people and ensured their day to day needs were met, referring any concerns to relevant professionals as appropriate.

People were asked to give consent to the care and support they received.

### Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and members of staff. People were supported by staff that were caring and helpful.

Staff were aware of people's preferences and knew the people to whom they provided care.

Staff protected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People, and their relatives, were involved in the planning of their care and received a personalised service.

A comprehensive assessment of people's needs was completed prior to care being commenced. Care plans were in place which were reflective of individual needs.

The provider had an effective system to manage complaints.

### **Is the service well-led?**

The service was well-led.

People, relatives and staff spoke positively about the management and culture of the service.

People and their relatives were encouraged to give feedback on the service provided.

Staff told us they felt supported and that management were approachable.

There were effective quality assurance systems in place.

**Good** ●

# Essex Dementia Care

## 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 14 September 2016. 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 on the day of the inspection, and that records would be accessible.

The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience used for this inspection had experience of a family member using this type of service.

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. We also reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

At the time of our inspection Essex Dementia Care provided the regulated activity of personal care to three people. We spoke with three relatives of the people who used the service and received the regulated activity. We also spoke to one care practitioner, one administrator, the care placements manager and the registered manager.

We looked at three people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment files, reviewed the staff duty rota and care call scheduling systems and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

Relatives told us that the service they received and the staff that visited made people feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. One relative told us, "It is very safe with them; I have so much confidence in the care they provide to my [Name of Person]." Another relative told us, "I have no worries with the care provided by Essex Dementia Care."

Staff we spoke with had a good understanding of safeguarding procedures. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I would contact my manager straight away with any concerns I had." Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was available in the office. All members of staff were issued with a handbook which included guidance on how to report concerns and the contact details for local agencies. Records showed that no safeguarding referrals had been made to the local authority however the registered manager and the staff we spoke with were aware of the circumstances when a referral would be required and the methods of doing so.

A record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

Care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person's home or during activities. This included assessments of possible risks from the premises, access requirements, security and utilities.

Detailed personalised risk assessments and strength assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. These included risks in relation to specific health issues and well-being, nutrition, mobility and communication. The risk assessments provided information about the risk and the measures that needed to be put in place and had been reviewed and updated regularly to reflect any changes in people's needs.

There was enough staff employed by the service to provide the required care and support for people. Relatives that we spoke with told us that consistent members of staff who completed the care calls and that they provided the support required. One relative told us, "This service is 100%, we have the same carer." Another relative told us, "Sometimes my [name of relative] has a different carer but they all know what each one does, and you do not have to explain to them."

Staff we spoke with also told us that there was sufficient staff to provide the care required. One member of staff told us, "We are allocated a person and that's who we provide care to on a regular basis. There will be

other staff who know that person, in case you need covering, but we visit the same people." The registered manager explained to us how a member of staff is allocated as a main carer to a person to provide consistency and develop a meaningful relationship with that person and their family. We saw that there was an effective system to manage the rotas and schedule people's care visits. Rotas were issued to members of staff on a weekly basis and, where there were changes to their usual work schedules or additional tasks were required, it was clearly highlighted and communicated to them via email.

There were effective recruitment procedures in place. We reviewed the recruitment files for three staff and found the provider had an effective procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service. The care placements manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service via referrals. The registered manager explained that there was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support and to ensure a wide range of differing staff members with varying interests and hobbies were available to support the activities and requested by people.

The service did not routinely provide support to people to administer medicines however there were effective systems in place to administer medicines to people safely should it be required. The service had a current medicine policy and members of staff attended training in the administration of medicines. One member of staff told us, "We receive medication training but supporting people with medicines is not something that is usually done by the service as it is something that people's families do. Occasionally we are required to remind people to take their medication." A record of the medicines prescribed for each person was documented in their care plans and Medication Administration Records (MAR) were available for completion, if required.



# Is the service effective?

## Our findings

Relatives told us they were satisfied with the care provided and thought that staff were knowledgeable and well trained. One relative told us, "The staff are more trained than me and know what suits my [Name of Person]." Another relative told us, "The staff are all well trained and very professional." Positive comments from the annual satisfaction survey were also seen and included comments such as, "Practitioners attitude, experience, ideas and enthusiasm are all brilliant" and "I am impressed with the awareness of client's different needs."

An induction was completed by all staff when they commenced employment with the service. Staff told us that they completed mandatory training courses followed by a period of shadowing another member of staff. The registered manager told us that each member of staff had an individualised induction and the time spent shadowing a colleague varied from staff member to staff member. However the competency of all new staff was assessed before working alone and feedback was sought from people receiving the service, relatives and the colleagues that had observed the new member of staff whilst shadowing. Records confirmed the training programme followed by each member of staff and the assessment of competency during this period through observations of the practice during visits and the feedback received.

Staff also told us that they kept up to date with skills relating to their roles through regular training. One member of staff told us, "I have had very good training and have completed a yearlong study in relation to dementia." Another member of staff told us, "The training is really good. I've also been on the virtual dementia tour and when you've been on that you understand a lot more how it affects somebody." Staff training records showed that staff had completed the required training identified by the agency and had further courses planned to develop their skills and knowledge. The registered manager monitored the training needs of the staff team and when refresher courses were required.

Staff received supervision and support from management on a regular basis. They told us that they had regular contact with senior staff, supervision meetings and received additional support through team meetings. All of the staff we spoke with expressed they could speak to the registered manager or a senior member of staff if they needed support. One member of staff told us, "Our manager is very supportive of us and will listen to new ideas." Another member of staff told us, "We have a very good team here and work together to provide a good quality service to our clients." We saw evidence in the records we looked at that members of staff received feedback from relatives and management regarding their performance and staff were given frequent opportunities to discuss their wellbeing, performance, training and any other support measures that they may require.

Relatives that we spoke with confirmed that staff would always ask people for consent before they provided them with care or support. One relative said, "The staff will always ask my [Name of Person] what she help she would like." One member of staff told us, "If I am [completing personal care] with my client I always tell her step by step what I am doing slowly and clearly and ensure that she is happy to receive my help." We saw that consent forms were present in people's care records which had been discussed and agreed at assessment.

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.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. The staff we spoke with were able to describe ways in which they sought consent from people prior to providing care and support.

People's needs in relation to food and fluids were documented in their care plan. A relative told us, "[Name of Person] doesn't need any help with food during their visits but they always make sure she has plenty of drinks." Staff we spoke with told us that they were aware of people's support needs in relation to food and drink and people who were assessed as high risk. Staff confirmed they would report any concerns with regards to a person's nutrition or hydration to people's families and the office. We saw within daily records where staff had recorded issues with regards to a person's dietary intake and the action that they had taken.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One relative told us, "The staff know 100% how to treat my [Name of Person] when she is not well." Another relative told us, "When my [Name of Person] is not well the staff will always report to me straight away." One member of staff told us, "We work so closely with people and their families so we are kept up to date with their ongoing health problems." Staff told us that they sought advice from the office if they had concerns over a person's well-being or spoke to the person's family. We noted from the care records that when people had accessed other health care professionals, such as their GP or nurse, either prior to their assessment or when managing an ongoing health concern, the service maintained records of these and the information was used to inform the care plan and the support provided.

## Is the service caring?

### Our findings

Relatives we spoke with were positive about the service and were very complimentary about members of staff. One relative said, "This service is very well organised, they all know what they are doing. Exemplary care." Another relative told us, "I can always talk to any staff member. Very caring and helpful to us all." Within the annual satisfaction survey, when asked what was the best aspect of the service provided, responses included "Friendliness of staff", "The caring of the staff", and "The staff are very accommodating, helpful, caring and understanding."

Staff spoke positively about working at the service and the relationships that they had developed with people. One member of staff told us, "By having a minimum two hour visit with our clients we really have the chance to work closely with them and get to know them in depth. We see the same people, and their relatives, so the trust builds and then the relationship." Another member of staff said, "We truly are able to offer a person centred approach to clients and have good communication with the family. You get to know people really well." The registered manager explained to us how they 'matched' members of staff with people who had shared interests and hobbies to foster a positive relationship. They gave the example of one person who had a love of fishing who was allocated a member of staff who shared the same interest. A regular fishing trip was introduced to the person's care package which enabled the person to continue with the activity they had previously enjoyed and share their passion with a member of staff with whom they had built a positive relationship with.

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds and used this information to build relationships with people.

People were asked their views and were involved in making decisions about their care and support. Relatives told us that staff listened to people and acted on their wishes. A relative told us "The staff will do whatever you want them to do, which is good." A member of staff told us, "All clients receive a person centred care plan that can be adjusted to meet the clients changing needs." They went on to explain how they were able to adjust activities completed during their visits or the care given to a person according to their wishes, their health or any other requests made by the person.

Relatives confirmed that, where appropriate, people had copies of their care plans in their homes and knew what they were for. Where it has been assessed as a risk to a person's well-being to have the care records present in the home, or the person had declined, we saw alternative arrangements had been made to ensure that care workers had access to the information they required and robust daily reporting was conducted via the office. We saw a copy of the files held in people's homes which showed that a range of information had been included for use by people and the members of staff providing care. This included details of people's care needs, information about the service, the complaints procedure and contact details for other agencies.

Care plans were regularly reviewed and updated whenever there was an identified change. We looked at three care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures to confirm that they agreed with the content.

Relatives told us that care workers were respectful and treated people with dignity. One relative told us, "The service really is first class. Staff become part of our lives but maintain that respectful approach. Total professionalism." One member of staff said, "I am always discreet when prompting one client to use the bathroom. I am working with a lady who deserves my respect and understanding." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people which included being respectful of their choices and ensuring people were supported to close doors and maintain their privacy when completing personal care.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, ensuring they made telephone calls where they would not be overheard and the safe transmission of information via email.

## Is the service responsive?

### Our findings

Relatives and staff we spoke with confirmed that people were involved in planning their care. One relative said, "We were all involved in the planning and I can talk to any member of staff about [Name of Person] plan. I'm also included and copied in to any changes." A member of staff, "The care plan is drawn up with the person and family to cover all their needs and wishes."

Relatives told us how a member of staff from the service visited people to complete an assessment prior to them receiving a service. The care placement manager told us that a comprehensive assessment was completed to ensure the service could meet the person's needs and provide the support they required. Once it was established that the service could meet the needs of the person, the information gained from the assessment was used to develop the care plan prior to the care package commencing. A copy of the care plan was held in the office and at the person's home, where agreed appropriate.

Staff were knowledgeable about people they supported. They were aware of people's hobbies and interests and their family backgrounds and had gained this knowledge from the care plans and time spent talking to them or their relatives. One member of staff told us, "We work with the family in all aspects of the care plan and develop it together, it includes all the detail we need to know about that person." Staff told us that their regular contact with people meant they were kept informed of changes in people's needs. Staff confirmed they would call or visit the office to ask for clarification if they were unclear about anything written in people's care plans.

People using the service and their relatives were aware of the complaints procedure or who to contact in the office if they had concerns. One relative told us, "I did once complain about something very small but it was put right straight away." Another relative told us, "I would know how to complain but this service is so good I don't need to." A copy of the complaints procedure was kept within the file in their homes and was issued in the information pack when a person began using the service.

No formal complaints had been received by the service however; the registered manager was able to explain the procedure for managing complaints should one be received. We saw that there was a current complaints policy which detailed how the service would acknowledge, investigate and respond to all complaints and the requirement to record the action taken to learn from the complaint or concern that had been received.

People and their relatives were also asked about their views on the service through an annual satisfaction questionnaire. The questionnaire was completed by the registered manager and the results analysed. All of the responses seen were positive. Comments included, "Relative is safe and cared for" and "Relative is clearly happy to be with you, obviously feels cared for." The positive results did not result in an action plan being completed however we saw that a response had been compiled and shared with people, relatives and staff.

## Is the service well-led?

### Our findings

There was a registered manager at the time of this inspection that provided consistent support and guidance and was actively involved in the running of the service.

Relatives and staff felt the registered manager and office staff were available if they had any concerns and felt well supported. One relative told us, "The manager will go out of her way to help you with any issues you may have." Another relative told us, "The manager and her team seem to get on really well. They are very approachable." A member of staff said, "I'm really happy working here. There's a really positive culture and we're all supportive of each other." Another member of staff said, "Providing a service to people living with dementia does have its challenges but we all work together to get a positive outcome for that person and their family." We found staff to be motivated and committed to providing the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision, and informally through discussions on the phone or in person when they visited the office. Staff told us that staff meetings were held where they were able to discuss issues relating to their work and the running of the service and confirmed that they were given the opportunity to discuss any concerns at these meetings. The most recent meeting was an award ceremony to celebrate the work of the staff and members of staff spoke positively about their experience. They told us how this had made them feel valued and provided an opportunity to share the good practice that had been recognised with their colleagues.

There were effective quality assurance processes in place. Senior staff undertook telephone spot checks to review the quality of the service provided and these were consistently completed for people receiving a service and the staff that were deployed to work with them. The care placements manager carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of daily visit records, care plans and risk assessments. We also saw plans that had been completed by the registered manager following internal audits and the preparation of information and reports to the board of trustees. This demonstrated how the registered manager used feedback and information from differing sources to drive improvement in the service.

The atmosphere in the office during our inspection was relaxed and staff appeared comfortable in sharing their experiences with the inspection team. There were frequent telephone calls to the office throughout the day from staff and relatives and these opportunities were used to actively share information about people and their care. The registered manager encouraged staff to share information, asked questions about their work and responded to any concerns that were raised positively. We observed positive communication amongst the staff present on the day of inspection and saw the office team members working together to meet the needs of people.